

BULLETIN

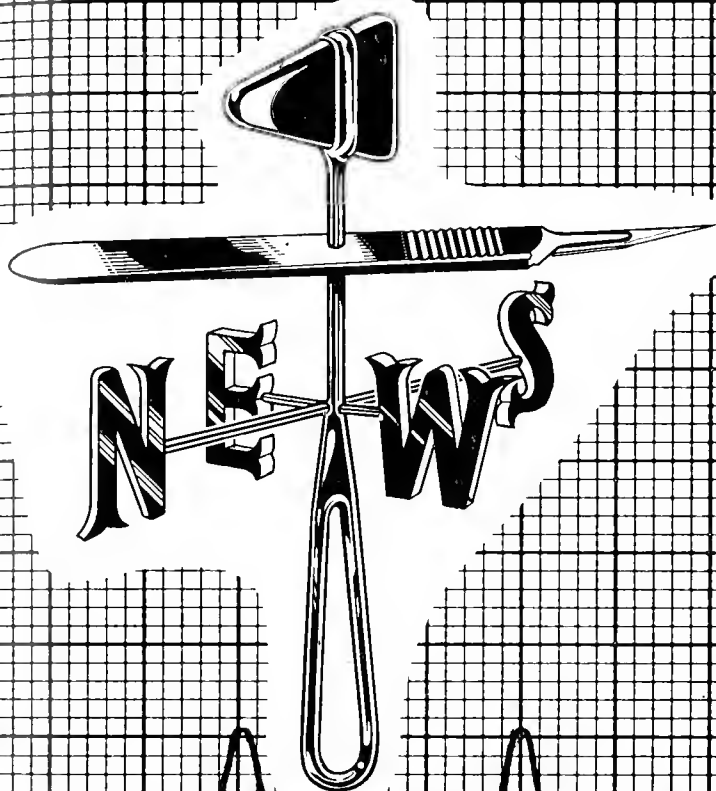
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**MAHONING COUNTY
MEDICAL SOCIETY**

Volume XXXVII

Number Seven

JULY, 1967





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From the Desk of the President

In recent months I have had the opportunity to see one of our Medical Society's most important committees at work. Composed of dedicated physicians, who take their job most seriously, the Grievance Committee specializes in difficult situations. Contrary to public opinion it does not go out of its way to stand on the side of the physician, but instead bends backwards to be completely objective and fair in each case.

As one case follows another it is soon readily apparent that there is a single factor common to almost all problems.

This can best be entitled "Lack of Communications." Repeatedly the committee sees that if the physician and his patient had spoken freely to each other at the beginning of their relationship, there would very likely have been no problem.

As the years have passed and tradition has developed it seems that certain subjects are not broached for discussion between most physicians and their patients. How many of us discuss the nature of the operation which faces our patient? How many of us let him know that there might be complications and what their nature might be? Do we tell him how much it will cost? If he has insurance coverage, do we discuss in advance how completely his cost will be covered? If our patient owes us a bill, do we discuss with him what his method of payment will be?

Obviously the answer to these questions is usually "No." How much better it will be when we make a concerted effort to change the answer to "Yes."

Looking forward to a happier future allow me to thank you in advance for the members of the Grievance Committee who are grateful to all of you for making their job so much easier.

—Harold J. Reese, M.D.
President

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Volume XXXVII

July, 1967

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Editorial

With this issue of the Bulletin we enter the lull period of the Mahoning County Medical Society. Traditionally, with the advent of the summer hot spell, people take to the outdoors and to vacations leaving little time for formal organizational meeting.

It has been suggested that the June meeting of the Society should be dropped due to poor attendance. Certainly, if last month's meeting with its head count of eighteen, including officers, is an indication of what we will expect then it should, by all means, be stricken from the list. In fact, the record so far indicates that the Society cannot afford a summer hiatus. There as not been a quorum meeting for three months. Official business has not been transacted for three months. So to speak of a summer slowdown when we are already at a snail's pace would border on the ridiculous. The alternatives appear to be to reduce the number of meetings held to four or six per year or to operate the Society by Executive Committee rule.

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DR. HOWARD CURBS MEDICARE CHIEF

COLUMBUS—"U. S. Social Security Commissioner Robert M. Ball will not lay the tragic weaknesses and failures of Medicare at the door of Ohio's doctors," the President of the Ohio State Medical Association declared in Atlantic City.

The head of the 10,000 member organization, Dr. Robert E. Howard, of Cincinnati, while attending the American Medical Association's Annual Convention in Atlantic City, said: "If news media reports stating Ball had used the press conference in Washington to accuse Ohio physicians of adding hardships to elderly patients are accurate—and I have respect for the accuracy of the news media—then Commissioner Ball has maligned the physicians of Ohio and is totally uninformed regarding the Medicare law which he is supposed to administer. Medicare was represented to unsuspecting Americans as an insurance program, but I know of no insurance program that refuses to reimburse a beneficiary unless he has paid his doctor's bill," the Association President said.

Dr. Howard said the requirement creates hardships for patients. "If Mr. Ball truly and honestly wants to remove these hardships, he should actively and forcefully seek in Congress an amendment to delete the requirement that a patient must first pay his doctor's bill, obtain an itemized receipted bill, and then present a claim for Medicare reimbursement."

Before Medicare went into effect, physicians feared that the Federal administrator of the program would be more concerned with control and domination of the profession than with giving the greatest possible assistance to those who need help.

Dr. Howard said: "Mr. Ball's unwarranted attack on Ohio's medical profession proves that our fears were justified."

News reports dated June 15 quoted Ball as saying that Ohio doctors are forcing hardships on elderly patients by directly billing patients for professional medical services—a practice which is specifically authorized by the law. The same reports quoted Ball as saying that directly billing Medicare patients forced the beneficiary to borrow money before reimbursement to the patient could be obtained from Medicare.

"The weaknesses and failures of Medicare are created by certain ridiculous provisions of the Medicare law and the way it is being administered. They are not created by Ohio doctors or any other doctors," Dr. Howard said.

He added: "Apparently Mr. Ball is not familiar enough with the law he is charged with administering to know that Congress specifically and pointedly provided that the physician could preserve the traditional physician-patient relationship by directly billing the patient he treats. If he does not recognize this provision—and he apparently doesn't—then he is in contempt of Congress."

Dr. Howard concluded: "Ohio doctors will not be intimidated by the attack of the head of a multi-billion dollar Federal agency. We will continue to treat our patients to the best of our ability and skills. We will continue to seek reimbursement for our professional services in the traditional manner. Most of all, we will continue to resist with all our energies the efforts of Federal bureaucrats, or any other third party, to come between physicians and their patients."

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BLUE CROSS COSTS UP

Two changes have been reported in the Group Blue Cross and Blue Shield coverage for members of the Mahoning County Medical Society. The first is a rise in cost, amounting to approximately \$20 for the single contract and \$45 for the family contract. The cost is entirely on the Blue Cross side of the ledger and reflects rising hospital costs. Blue Shield costs remain the same. Associated Hospital Service advises that costs are determined on a merit rating formula for each particular group. By contrast, the Medical Assistants Group will have no rise in cost this year.

The second change involves the upgrading of coverage in two areas as requested by the Insurance Committee. Dependent children may now be included in the group up to age 25. Hospital coverage has been increased from 365 days to 730 days (two years). Cost of the additional coverage is minimal (\$1.28 per year on the family plan).

Bills have been sent to members through the Medical Society office and should be paid to that office by July 15. New members may join at this time. Failing to do so, they may not join the group until the next open date, July 1, 1968.

FOUNDATION GRANTS \$500 LOAN

The Mahoning County Medical Society Foundation Appointing Committee met in June and voted to make another \$500 loan to a medical student. The first loan was made earlier this year to Mr. Stephen J. Napolitano, who is attending Creighton University Medical School. The name of the second recipient will be announced when arrangements have been completed.

Members of the Committee are: Dr. H. J. Reese, chairman, Dr. H. J. Scheetz, Dr. G. W. Cook, Dr. F. L. Schellhase, Dr. J. W. Tandatnick, Dr. Bertram Katz and Dr. John J. McDonough.

The Appointing Committee encourages contributions to the Foundation from all members of the Medical Society. Checks mailed to the Medical Society office will be forwarded to the Foundation.

The Foundation was formed in 1966, following the disbandment of the Medical Service Foundation.

HEALTH TENT PLANS UNDER WAY

Canfield Fair exhibitors in the medical health tent have had two organizational meetings, one in May and the second in June. Plans are under way for the Fair, which will be held from Thursday, Aug. 31, through Monday, Sept. 4.

This year, for the first time, one of the meetings was held at the Fairgrounds. The group met for a picnic lunch and business meeting on the asphalt flooring where the tent is to be erected.

Three new exhibitors have indicated that they will be part of the medical health exhibits this year. The Medical Society welcomes back the National Foundation after a several years absence, and two new organizations, The Youngstown Area Cystic Fibrosis Assn., and the Mahoning Valley Kidney Foundation.

The two hospitals normally come in on alternate years. This year, St. Elizabeth Hospital will prepare an exhibit.

Chairman of the Canfield Fair Committee is Dr. Jack Schreiber. Committee members are: Dr. F. A. Resch, Dr. C. K. Walter, Dr. H. P. McGregor, and Dr. C. C. White.

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THE VANISHING AMERICAN

Hardly a day goes by that we don't get a phone call in our office that goes something like this, "Our family doctor has retired (or died, moved away, or specialized) and we are looking for a new family doctor. We'd like to know, Doctor, do you make house calls?" When one of these phone calls come in, I find myself stuttering and stammering out an embarrassed answer.

Why am I embarrassed? First of all, I should be flattered that these people selected me as their choice of a family physician. Secondly, more patients mean more business; and everyone wants more business. That's the American Way, isn't it?

After a little thought, the answers to these questions began coming into focus in my mind. The truth is that I am as busy as I want to be and often much more busy than I would like to be. Secondly, although I would be happy to see an increased income, I certainly don't want to kill myself working longer hours, and thirdly, the reason I don't like to make house calls is not so much that I don't enjoy house calls as much as it is a matter of just not having enough time to make them. There aren't that many hours in the day.

While I was mulling all this over in my mind, another thought occurred to me. Suppose I say "no" to these people and tell them that I am so busy I can't take any more patients. Who, then, is going to take care of them? I began thinking about the doctors in my end of town who have either retired, specialized, or passed on. Next, I tried to think of what physicians were coming along to replace those who had left our midst. It soon became obvious to me that the number of physicians who had entered general practice in the past few years could be counted on one hand, with fingers left over.

So I turned to our executive secretary for some statistics. We made up a list of all physicians in General Practice or Internal Medicine who had left practice in the past five years. This included those who had discontinued practice for reasons of health, retirement, or specialization and included those physicians who had passed away; but it did not include any physicians who were still maintaining an office even though their practice was extremely limited. Next we prepared a list of those physicians who had entered private practice for the purpose of serving as a primary physician to the community, either in General Practice or Internal Medicine in the past five years. The results of this study came somewhat as a shock.

Here are the results of the study: In the past five years this community has lost thirty-one primary physicians and gained eight. Out of those physicians, lost—twenty-two passed away, three retired, two moved away, and four left for specialty training. Five years ago there were approximately 165 men to serve as the primary physicians, and during this period of time there has been an over-all loss of 22 physicians in this category. This figure does not include those physicians who have limited their practice or who have gone into semi-retirement. If we were to assume that the older established physicians do not wish to take on any new patients, one might assume that these 8 new physicians must now do the work that 22 physicians were doing 5 years ago.

Much could be said about these statistics but the important factor to note is that we not only have a decline in the number of new GP's, but we also have a proportionate decline in the number of new Internists. It would seem as though the family physician is not so much in danger of being replaced by the family internist as he is in danger of being replaced by nobody. Many families in the community are going begging for want of a primary physician simply because there are no longer enough of them to go around.

Now why should all this be? The common denominator of the entire trouble relates back to the fact that there are not enough physicians in production in our medical schools throughout the country today, and probably won't be for the next twenty years. This shortage of doctor production has resulted in a shortage of all specialties of medical practice and thus the old law of supply and demand sets in. Once the young graduate emerges from the medical school, he is immediately gobbled up by the large teaching hospitals around the country. Few, if any, remain to return to the community hospital where they can see family practice at its best. So the chosen few graduates remain in the "ivy tower" of learning where the primary physician is seen only as a bumbling idiot who sends his patients into their grand hospital for them to straighten out his mistakes. And, since all of the specialty services are competing for the young man's talents, few, if any, get squeezed out by the pyramid system and nearly all end up in some type of specialty. It's the old story of too many Chiefs and not enough Indians. And in case those graduates had any thoughts in the back of their minds about going into family practice, all they have to do is refer to medical economics and find out that income-wise, family practice is the low rung on the ladder. This is one place where the old law of supply and demand doesn't seem to hold true, as the family physician has never quite been able to bring himself to raise prices for the people who are on limited incomes.

What is the answer to all this? I'm not entirely sure there is one—at least not in the foreseeable future. I certainly am not going to advocate that all specialists should immediately start doing general practice on the side—most of them would just make a mess of it. One thing we must do is recognize the need and try in every way to direct the attention of our medical educators to this problem. Secondly, and of great importance, is to find some means of equalizing the large discrepancy in income between the surgical specialties and those medical specialties which require the same degree of training and preparation; and finally those physicians who prefer to remain in general practice will probably find it necessary to join into small groups in order to handle the increased patient load.

As for me, I am going out and buy one of those signs which reads, "YOU DON'T HAVE TO BE CRAZY TO DO THIS KIND OF WORK, BUT IT HELPS".

—R. R. Fisher, M.D.

BOOK DISCLOSES MEDICARE POLITICS

A number of county medical societies have been encouraging their members and other medical societies to read Marjorie Shearon's new book, "Wilbur J. Cohen: Pursuit of Power." It is published in a paperback at \$2.50 per copy, \$12.00 for 5 copies; or in a library edition at \$3.50, \$16.00 for 5 copies. The book outlines the processes by which Medicare came about.

The book may be ordered by sending a check to: Shearon Legislative Service, 8801 Jones Mill Road, Chevy Chase, Maryland, 20015.

CANFIELD FAIR VOLUNTEERS WANTED

The Canfield Fair Committee, Dr. Jack Schreiber, chairman is calling for volunteers once again to work at the Red Cross First Aid Station at the Fairgrounds during the five days of the Fair.

Ten shifts are necessary to cover the Fair, two each day. The early shift is from 11:00 a.m. to 5:00 p.m., and the late shift is 5:00 p.m. until 11:00 p.m. Payment is made by the Canfield Fair Board.

The dates of the Fair are Thursday, Aug. 31, through Monday, Sept. 4, Labor Day. Anyone wishing to sign up for a shift should call the Medical Society office, RI 6-8431.

NOT SO FUNNY HUMOR

Ever find yourself doing a slow-burn at the caricature of the physician as presented in newspaper cartoons and the so-called humor magazines?

The ludicrous, even hostile, depiction of the physician might seem to be something new. Yet looking back through history one finds satire as an artistic instrument of attack on the medical profession is quite ancient.

There are those who feel it may even be used comparatively less today when compared with previous days. Edward Rosenheim, Jr. Ph. D., an English professor at the University of Chicago, in writing on the subject, feels all has been relatively quiet recently on the medical satiric front because communications throughout all of literate society has improved. Satire, he notes, thrives best in "an area of suspicion and uneasiness, of unexamined anger or narrow partisan commitments." This latter might explain the increased volume of uncomplimentary doctor caricatures now directed at the physicians' distrust of governmental medicine.

It has been suggested that attacks on the physician are related in part to the uneasiness of the nonprofessional person in the presence of any profession, plus the awareness of the power of life and death held by the physician. The general public's resentment of the financial well being of the physician through money earned indirectly by suffering of others is fairly well known, and is probably due to the fact that most physicians' services, like those of the lawyer, are intangible, leaving the patient with the impression that "he has little to show for his money."

The hostile caricature of the physician through the years has changed little from Chaucer's account of the "Doctour of Phisik" in the prologue to *Canterbury Tales*, or the Portrait of the Physician in Sinclair Lewis' "Arrow-smith."

On the other hand, whether we like them or not, "Ben Casey" and "Dr. Kildare" have depicted medicine rather kindly and with a considerable amount of humanity. Both directly and indirectly these programs provided broad information concerning medical problems and their solutions. On a more direct basis of course is the Mahoning County Medical Society's "Diagnosis" radio series which provides information and medical guidance to concerned listeners. The TV shows and the local radio show are examples of improved communications which hopefully have reduced some of the satirical humor but have not eliminated it completely.

Doctor Rosenheim points out that satirists have always attacked medical innovations and today they are having a field day in areas of psychoanalysis, as they once did when Leeuwenhoek reported seeing minute creatures through his microscope.

Moreover, when the physician dares to take a stand against increasing governmental encroachment upon the practice of medicine, he, the doctor, then stands fairly in the line of a double-barreled attack — on the one hand the hostile humorist who just does not like doctors, and on the other the political cartoonist who is convinced the Great Society is almost upon us and no one — especially an affluent group of doctors should attempt to stand in its way.

It's obvious anti-doctor cartoons are here to stay and there's little to be done about them. The only recourse seems to be to maintain a good humor and build better public relations.

—Reprinted from the Multnomah County Medical Society Bulletin

POLIO VACCINE AVAILABLE

Dr. Sidney Franklin, city health commissioner, announces that trivalent oral polio vaccine is available for free distribution to physicians for children who have not yet entered the first grade of school.

From the Bulletin



THIRTY YEARS AGO — JULY 1937

The doctors were stirred up over a speech made by Senator Hamilton Lewis at the AMA Convention in Atlantic City in June. He told the doctors that the government considered all of them agents of the government because they were treating citizens. That the term "patient" was an invention of the medical profession, the government only recognized citizens who were sick. That there would soon be boards set up to pass on the qualifications of doctors to continue in practice.

He was speaking for F.D.R. and the New Deal. They meant it too, and would have put over government control of medicine if we had not put up such a fight.

The 1937 Convention had a total registration of 9,764. The official attendance at the 1957 meeting in New York was 19,600.

At St. Elizabeth's Hospital Harold J. Reese and George Armbrecht were new internes. At Youngstown Hospital there were A. J. Fisher, Raymond S. Lupse and Charles F. Wagner.

TWENTY YEARS AGO — JULY 1947

M. J. Kocialek had an article recommending Heparin and Dicumerol in post-partum thrombophlebitis. O. M. Lawton wrote about neuroses and advised the doctors not to pat the neurotic on the back and say "you are fit as a fiddle" and then prescribe sedatives. Asher Randell had a very informative article on "Diverticulitis and Diverticulosis of the Colon".

The Youngstown E.E.N.T. Society was organized with twenty members. Dr. F. F. Piercy was president, W. H. Evans was vice-president and V. C. Hart secretary.

Dr. Charles Stertzbach arrived here to practice ophthalmology. Edward C. Pichette was back for a visit from Toledo where he was studying urology.

There was much concern over the shortage of nurses. Measures were being considered such as shortening the course, lowering the cost and raising the fees for graduates.

Other new interns that year now in practice near here were Don Miller, Joe Ralston and Densmore Thomas.

C. S. Lowendorf passed the examinations of American Board of Orthopedic Surgeons and Elmer Wenaas passed the American Board of Ophthalmology.

The Union Medical Society had a meeting at Canton with total attendance of 75 doctors. It has been replaced by the Sixth District Post-Graduate Day and attendance runs over 500.

TEN YEARS AGO — JULY 1957

Frank Gelbman announced that Youngstown was to be included in a survey of mental health needs by a task force of the Joint Commission on Mental Illness and Health.

Ivan C. Smith was chairman of a medical advisory board appointed to work with the Cerebral Palsy Center. There was talk of combining the Cerebral Palsy and Crippled Children's Society in a Rehabilitation Center.

New members introduced that month were: John Kalfas, Kurt Wegner, Henry Holden, George Trimble, Elsa Shapira and David Krongold.

—J. L. F.

ADMISSION PROCEDURES AT WOODSIDE RECEIVING HOSPITAL

(first of a series of two articles)

Woodside Receiving Hospital is a State psychiatric institution and admission procedures are regulated by State laws. Because of the very nature of mental illness, it is not always possible to gain the understanding and cooperation of the patient in his best interest. The mental health laws reflect an integration of medical and legal considerations; how to provide psychiatric care with full protection of the individual's civil rights. The mental health laws precisely outline the procedures as follows:

1. Admission of voluntary patients.

Any person, eighteen years of age or over, who is, appears to be, or believes himself to be mentally ill, may make written application for voluntary admission to the head of a private hospital or a public hospital. Such application when made to the head of a public hospital shall be on a form prescribed by the division of mental hygiene. Such application may also be made on behalf of a minor under eighteen years of age by a parent, guardian of the person, or the one having custody of the minor, and on behalf of an adult incompetent by the guardian or the one having custody of the incompetent. Such person, except in the case of medical emergency, subject to the availability of suitable accommodations, shall be admitted for observation, diagnosis, care, and treatment, in a public hospital.

An applicant or the person in whose behalf an application is filed under this section, if such application is to a public hospital, must be a resident of the hospital district if such applicant is a resident of the state.

2. Admission of involuntary patients.

NONJUDICIAL HOSPITALIZATION

Any individual who does not object in writing may be admitted to a hospital, for a period not to exceed ninety days upon:

(A) Written application to the hospital by a friend, relative, spouse, or guardian of the individual, a health or public welfare officer, or the head of any institution in which such individual may be; and

(B) Certification, which includes a written medical report by two licensed physicians, one of whom has had at least three years experience in the practice of medicine and who is neither a salaried member of the staff of, nor financially interested in, the hospital to which the application is made, that they have examined the individual and that they are of the opinion that he is a mentally ill individual subject to hospitalization by court order.

The certification by the licensed physicians shall conform to the regulations of the division of mental hygiene. An individual with respect to whom such certification has been issued may not be admitted on the basis thereof at any time after the expiration of ten days after the date of the examination.

EMERGENCY HOSPITALIZATION WITH MEDICAL CERTIFICATE.

Any individual may be admitted to a hospital or a general hospital not licensed by the division of mental hygiene for a period not to exceed sixty days, upon:

(A) Written application to the hospital by any person stating his belief that the individual is likely to cause injury to himself or others if not immediately restrained, and the grounds for such belief; and

(B) A certification by at least one licensed physician that he has examined the individual and is of the opinion that the individual is mentally ill and, because of his illness, is likely to injure himself or others if not immediately restrained.

An individual with respect to whom such a certificate has been issued may not be admitted on the basis thereof at any time after the expiration of three days after the date of examination.

EMERGENCY HOSPITALIZATION WITHOUT MEDICAL CERTIFICATE.

Any health or police officer or sheriff may take an individual into custody and transport him to a hospital or a general hospital not licensed by the division of mental hygiene where he may be held for a period not to exceed five days, if such health or police officer or sheriff has reason to believe that:

(A) An individual is mentally ill, and because of his illness, is likely to injure himself or others if allowed to remain at liberty pending examination and certification by a licensed physician; or

(B) An individual who has been certified, under section 5122.07 or 5122.09 of the Revised Code, as likely to injure himself or others and therefore cannot be allowed to remain at liberty pending the order as provided in those sections.

A statement will be given to such hospital or to a general hospital not licensed by the division of mental hygiene, by the transporting officer stating the circumstances under which such individual was taken into custody and the reasons for the officer's belief.

JUDICIAL HOSPITALIZATION

Proceedings for the hospitalization of an individual, pursuant to sections 5122.11 to 5122.15, inclusive, of the Revised Code, shall be commenced by the filing of an affidavit, in the manner and form prescribed by the division of mental hygiene, with the probate court, either on information or actual knowledge, whichever is determined to be proper by the court, by any person or persons. Any such affidavit may be accompanied, or the probate court may require that such affidavit be accompanied, by a certificate of a licensed physician stating that he has examined the individual and is of the opinion that he is mentally ill and should be hospitalized, or a written statement by the applicant, under oath, that the individual has refused to submit to an examination by a licensed physician. Upon receipt of the affidavit the probate court may, where it has reason to believe that the individual named in the affidavit is likely to injure himself or others if allowed to remain at liberty, or needs immediate hospital treatment, order any health or police officer or sheriff to take into custody and transport such individual to a hospital or other place.

If such hospital or other place is licensed by the division of mental hygiene, such individual may be observed and treated for a reasonable period of time prior to the hearing provided by section 5122.15 of the Revised Code."

In each referral, the hospital should be notified in advance, except in emergency, to determine whether or not a bed is available and if the patient can be admitted. It is advisable that the referring physician should be familiar with the treatment facilities available at the hospital. This is particularly important in instances when in addition to the psychiatric therapy other medical or surgical treatments are needed. (This last paragraph is our own requirement.)

—Charles Waltner, M.D.
Superintendent
Woodside Receiving Hospital

MEDICAL ASSISTANTS GROUP OPEN AUG. 1

The annual open date for the Medical Assistants Blue Cross and Blue Shield Group will be August 1. Notification will be sent to every doctor's office at that time. New girls wishing to join the group must do so at the open date. The rates for the current billing remain the same as before. The Medical Assistants Group is billed on a six-month basis.

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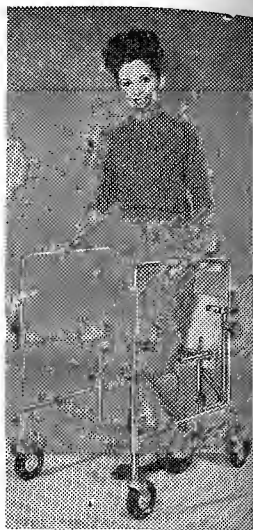


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PROCEEDINGS OF COUNCIL

JUNE 13, 1967

The regular meeting of the council of the Mahoning County Medical Society was held on Tuesday, June 13, 1967, at the Mural Room, Youngstown, Ohio.

The following physicians were present: H. J. Reese, President, presiding, Louis Bloomberg, G. E. DeCicco, F. A. Friedrich, Henry Holden, R. L. Jenkins, Bertram Katz, W. D. Loeser, R. D. Murray, M. C. Raupple, E. T. Saadi, F. L. Schellhase, J. F. Stotler, J. W. Tandatnick, C. K. Walter and R. G. Warnock. Also present were: J. N. McCann, John Melnick, and W. T. Washam, executive secretary of the Ohio State Medical Board. Absent were: L. P. Cacamio, R. R. Fisher, R. B. McConnell, C. E. Pichette, F. A. Resch, Jack Schreiber and C. W. Stertzbach.

The meeting was called to order at 7:30 p.m.

The minutes of the previous meeting were read and approved.

Bills were read. The motion was made, seconded and duly passed that each bill be paid.

The following application was presented by the censors and read by the executive secretary:

INTERN-RESIDENT MEMBERSHIP

Dr. George Robert Barton, St. Elizabeth Hospital

The Medical Dental Bureau "any doctor call" report was passed around for every member to see.

The executive secretary reported on disposition of business accruing from the previous council meeting.

Dr. Reese introduced discussion concerning the quorum amendment which was passed at the last meeting of the Medical Society. It was noted that there was not a quorum present at that meeting. Following discussion, the motion was made by Dr. Loeser, seconded and passed that a mail vote be taken on the amendment.

Dr. Tandatnick reported on a recent court ruling that prevented two local Podiatrists from forcing a local hospital to accept them on its staff. He also reported on the resolution on Podiatry that was passed at the annual meeting of the Ohio State Medical Association.

Dr. DeCicco reported on a number of resolutions passed at the annual meeting in Columbus.

A letter was read from the firm of Spangenberg, Hasenflue, Shibley and Traci, containing a proposal for a panel to study an alleged malpractice case. Dr. Reese was asked to answer the letter stating that we have no mechanism to comply with their request.

Dr. Walter, Insurance Chairman, announced that Blue Cross rates have gone up for the coming year. His committee recommended that the medical society group adopt a rider calling for an increase to two years of hospital stay, and a second rider calling for coverage of dependent children up to age 25. He stated that a \$50 deductible had been discussed but had not been considered feasible at this time. Dr. Melnick asked that the medical society Blue Cross group request a contract that would provide for payment of Radiologists' fees directly to the patient. Following discussion, the motion was made by Dr. Walter, and seconded, that the Mahoning County Medical Society Blue Cross Blue Shield group renew its contract with a rider extending hospital coverage to two years, a rider providing for dependent children up to 25 years, and a stipulation that Blue Cross pay Radiologists' fees directly to the patient, with the provision that if such payment of Radiologists' fees could not be arranged, the committee should seek other coverage. Motion was passed.

Dr. Washam was introduced by Dr. Reese. He discussed H.B. 418, which will amend the Medical Practice Act, following which there was considerable discussion concerning the biennial registration of physicians.

Meeting was adjourned.

—Howard Rempes
Executive Secretary

AMY VANDERBILT ON DOCTORS

While looking for a book in my library recently, I came across our copy of "Amy Vanderbilt's Complete Book of Etiquette," Doubleday, 1957. This 700-page book covers such topics as how to serve a small dinner with the aid of a butler and only one footman, how to remove fish bones from your mouth (use the thumb and forefinger), how to address an Associate Justice of the Supreme Court and other problems with which the average American suburban family frequently struggles.

It may be interesting for doctors to learn that the index of Mrs. Vanderbilt's book contains four references concerning doctors. So, I thumbed through to the pages on which doctors are discussed and I discovered the following information.

First of all, Mrs. Vanderbilt discusses just who are to be addressed as "Doctors" in the United States. The following persons would be addressed such on all occasions: persons with M.D., D.D.S. or D.D. degrees. It is optional whether you use the title of "Doctor" with persons who hold the title of Ph.D. or ScD. Persons who hold the title of LL.D. may or may not be addressed as "Doctor" depending on whether they prefer it or not. Veterinary physicians and chiropractors who hold professional titles may be addressed as "Doctor," and chiropractors are addressed as "Doctor" only "in some states."

Mrs. Vanderbilt delves into the knotty question of the proper names of lady doctors. For example, if Mary Jones gets an M.D. degree and then marries John Smith, who is a businessman, she may call herself Doctor Mary Smith, but she may not call herself Doctor John Smith, because, as Mrs. Vanderbilt points out, this would be giving her husband a medical title. However, she may call herself Mrs. John Smith after office hours. If a lady doctors marries a gentleman doctor, their calling card should read "Doctor John and Doctor Mary Smith." Other title problems faced by lady doctors are mentioned also.

Mrs. Vanderbilt settles the question of what to call doctors in military service. By common practice, physicians who are second lieutenants may be called by their respective ranks. All physicians above the rank of captain in the Army are to be called by their military rank. Naval customs are not specifically mentioned, or perhaps I didn't find them.

But all doctors should be grateful to Mrs. Vanderbilt for her discussion on how people should treat doctors socially. She states that people should not discuss their medical problems with their doctors on social occasions and that they should not drop by the doctor's house for impromptu medical advice after office hours. She says that people should call the doctor's office or his answering service for emergency calls and should not use the doctor's wife as a messenger to find him for calls. She urges people not to call doctors out at night or in bad weather unless the need is valid. She states that when people need to call the doctor for telephone advice they should call him during office hours and not after he arrives home at night.

Maybe doctors should leave copies of this book in their waiting rooms for patients to read.

—A. Harry Chapman, M.D.
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BULLETIN CALENDAR

July 11	8:30 a.m.	Medical and GP Section Meeting, Aud. #1, St. Elizabeth Hospital
	7:30 p.m.	OB-GYN Section Meeting, Aud. #1, St. Elizabeth Hosp.
	7:30 p.m.	EENT Section Meeting, Aud. #2, St. Elizabeth Hosp.
July 12	4:30 p.m.	Tumor Con., Youngstown Hospital, North Side Classroom
July 13	8:00 a.m.	Radiology in Diagnosis of Arthritis, J. C. Melnick, M.D., Hitchcock Aud., Youngstown Hospital
	9:00 a.m.	Surgical Visiting Professor, Aud., St. Elizabeth Hosp.
	1:00 p.m.	Medical Visiting Professor, Aud. #1, St. Elizabeth Hosp.
July 20	8:00 a.m.	Program by Dept. of Medicine, Hitchcock Aud., Youngstown Hospital
	1:00 p.m.	Visiting Professor, Aud. #1, St. Elizabeth Hospital
July 25	6:00 p.m.	Medical Executive Committee, Youngstown Hospital
July 26	4:30 p.m.	Tumor Con., Hitchcock Aud., Youngstown Hospital
July 27	8:00 a.m.	Experience with Gastric Carcinoma, Hitchcock Aud., Youngstown Hospital
	9:00 a.m.	Surgical Visiting Professor, Aud., St. Elizabeth Hospital
	1:00 p.m.	Medical Visiting Professor, Aud. #1, St. Elizabeth Hosp.
Aug. 1	8:30 a.m.	Medical Section Meeting, Aud. #1, St. Elizabeth Hosp.
	8:30 a.m.	G. P. Section Meeting, Aud. #2, St. Elizabeth Hospital
	7:30 p.m.	OB-GYN Section Meeting, Aud. #1, St. Elizabeth Hosp.
	7:30 p.m.	EENT Section Meeting, Aud. #2, St. Elizabeth Hospital
Aug. 3	8:00 a.m.	Section Meetings, Youngstown Hospital
	8:30 a.m.	Pediatric Section Meeting, 6 W Conf. Rm., St. Elizabeth Hospital
	1:00 p.m.	OB-GYN Visiting Professor, Aud., St. Elizabeth Hospital
Aug. 5	8:00 a.m.	Surgical Section Meeting, Aud. #2, St. Elizabeth Hosp.
Aug. 9	4:30 p.m.	Tumor Con., North Side Classroom, Youngstown Hosp.
Aug. 10	8:00 a.m.	Inhalation Therapy, J. H. Fulks, M.D., Hitchcock Aud., Youngstown Hospital
		Ex-Intern Day, St. Elizabeth Hospital
Aug 12	8:00 a.m.	Executive Committee, St. Elizabeth Hospital

DIAGNOSIS

Taking part in the "Diagnosis" radio program during the month of June were:

June 6: "Infectious Mononucleosis" Dr. Nicholas G. Kastellorios, Dr. Skevos M. Zervos.

June 20: "Poison Control," Dr. Kurt Wegner, Mr. Charles Vimmerstedt.

June 27: "Cystitis," Dr. John J. McDonough.

All programs are heard over WFMJ at 8:05 p.m. each Tuesday. They are recorded at 9:30 a.m. on the same day. Any physician interested in presenting a topic on "Diagnosis" should contact the Medical Society office or Dr. John J. McDonough, Radio-TV Chairman.

AMA OFFERS JOURNALISM AWARDS

The Vindicator and Mahoning County radio and television stations have been invited to submit entries in the annual AMA medical journalism awards program. The invitation was extended by the public relations committee of the Mahoning County Medical Society. Awards of \$1,000 each, in five categories, will be presented for outstanding reporting on health and medicine. The program is open to all news media in the United States.

July 17

E. J. Wenaas

July 18

J. L. Finley

G. H. Dietz

July 20

M. L. Porter

J. B. Werning

July 23

B. S. Brown

July 24

C. C. Chen

V. T. Wrobel

July 25

P. J. Mahar

J. L. Scarnecchia

July 27

N. D. Belinky

M. M. Yarmy

July 28

W. B. Hardin

July 29

S. M. Zervos

July 30

F. L. Schellhase

J. H. Fuls

August 3

I. Werbner

August 4

D. A. Salcedo

August 6

R. S. Boniface

August 8

J. N. Gordon

August 9

R. B. McConnell

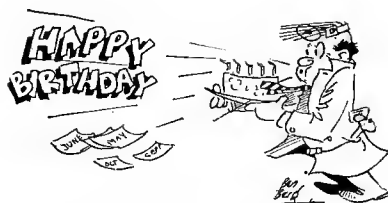
August 11

I. N. Dombczewsky

August 14

D. A. Belinky

J. L. Fisher



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MAY, 1967

	Resident		Non-Resident		Total
	M.	F.	M.	F.	
Births	90	76	112	123	401
Deaths	86	59	73	51	269
Infant Deaths	2	2	2	1	7

MAY, 1966

Births	93	88	111	107	399
Deaths	74	72	72	50	268
Infant Deaths	1	2	3	0	6

COMMUNICABLE DISEASES

	1967		1936	
	Cases	Deaths	Cases	Deaths
Scarlet Fever	0	0	2	0
Tuberculosis	10	1	4	1
Gonorrhea	25	0	21	0
Syphilis	20	0	11	0
Infectious Hepatitis	2	0	0	0
Salmonella	1	0	0	0

VENEREAL DISEASE

	New Cases		Male	Female
Syphilis			2	3
Gonorrhea			18	7
Total patients				30
Total visits (patients)				145

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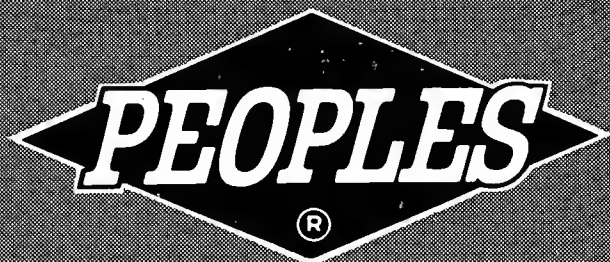
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